

01/09/09

**EPA REGION 10
UNDERGROUND STORAGE TANK
TRIBAL INSPECTOR
INSPECTION FORM**

 Passed Inspection:
Y N
Facility# 426 0127Inspection Date 5/15/15 Time 9AM to 10:15AM GPS Reading _____Lead Inspector Wil Badaric EPA Reps _____

Other Tribal Environmental Office Reps _____

Facility Reps with Titles _____

(Note: Denote each Facility Rep name with * to indicate to whom credentials were presented.)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ Other**Facility Information**Location Name Wolf Den restaurantOwner Kip Ramsey Operator Joel SmithOwner Contact 509-877-2552 Operator Contact 509-877-2552Address (Loc/Owner/Op) 601 W. WapatoCity Wapato State WA Zip 98951 Phone _____

Address (Loc/Owner/Op) _____

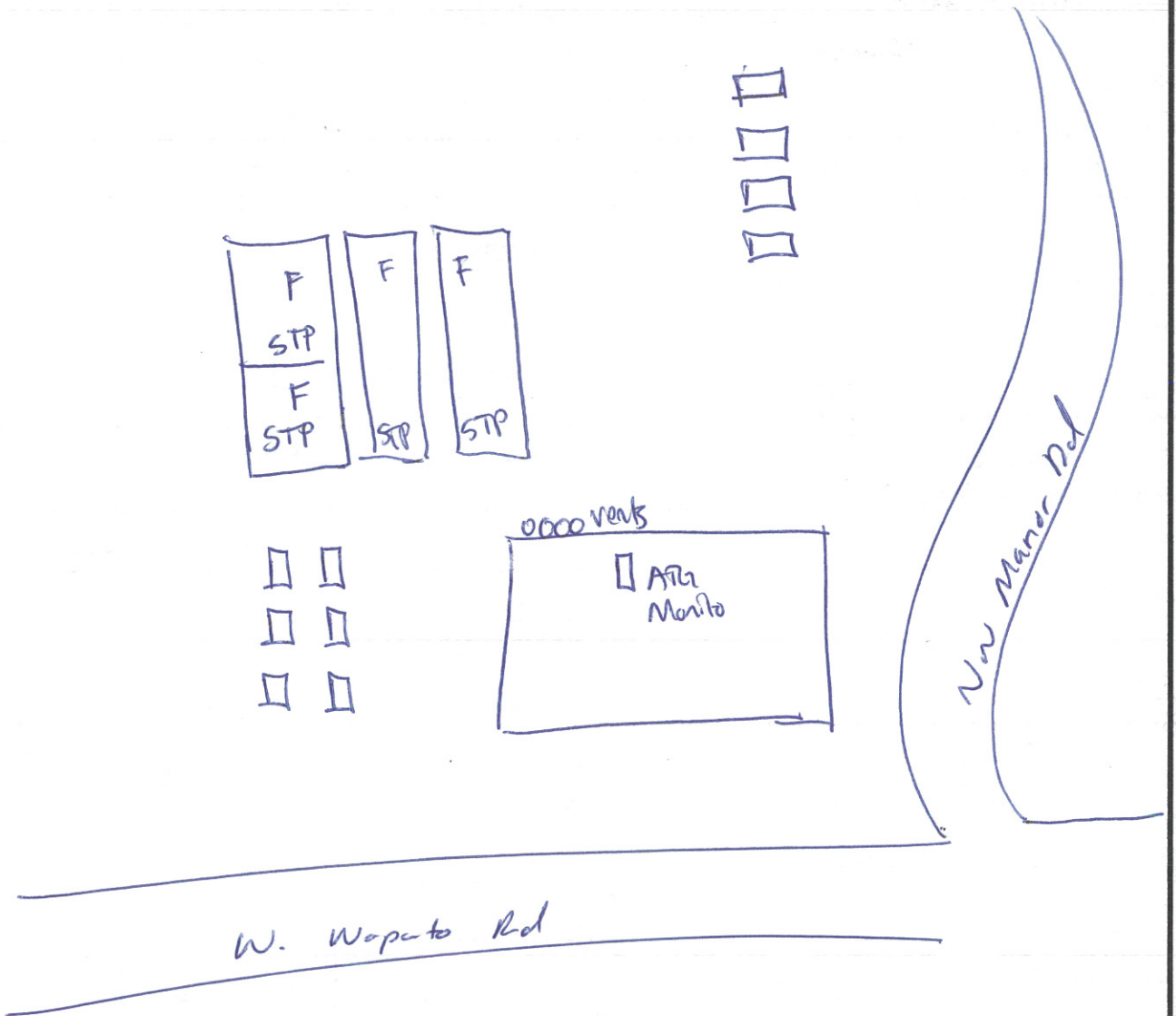
City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
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FINANCIAL RESPONSIBILITY☒ Meets FR requirements?☒ All tanks covered or (check which tanks are covered)Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdbdy Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other _____Issuing Entity: Cum & Foster Specialty Insurance Dates Coverage: 11/16/14 - 11/16/15Policy No. STP-104645 In Required Format? ☒ Y ☐ N**TANK STATUS**

Manifolded (M) or Compartmented (C) Tank?				<u>C - C</u>		
Status (circle): <u>CIU</u> TOU POU <input checked="" type="checkbox"/> All or	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>		
Date Installed: <u>2006</u> <input checked="" type="checkbox"/> All or	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>		
Tank Capacity (gal): <input type="checkbox"/> All or	<u>20,000</u>	<u>20,000</u>	<u>10,000</u>	<u>10,000</u>		
Substance in Tank (specify grade if gas): <input type="checkbox"/> All or	<u>Diesel</u>	<u>Unleaded</u>	<u>premium Diesel</u>			
Tank Material: BS CPS <u>COM</u> FRP <u>DW</u> ExL Lin <input checked="" type="checkbox"/> All or	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>		
Verified by: Visual Invoice Warranty Picture <input type="checkbox"/> All or						
Emergency Generator Tank(s)? Y N <input type="checkbox"/> All or						
Piping Material: GS CPS FRP <u>FlexP/DW</u> SecC <input checked="" type="checkbox"/> All or	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>		
Verified by: Visual Invoice Warranty Picture <input type="checkbox"/> All or						
Piping Type: Grav <u>Pres</u> SafeSuc U.S.Suc <input checked="" type="checkbox"/> All or	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>		
Date last used: <input type="checkbox"/> NA <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc NA <input type="checkbox"/> All or						

SITE SKETCH



Tank #	1	2	3	4	5	6
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RELEASE DETECTION - TANKS

☒ Primary RD method present for ALL tanks & meets specific performance standards as stated in 280.43? ☐ NA

☐ Manual Tank Gauging (MTG) ☐ All or

☐ Tank Tightness Testing (TTT) ☐ All or
Last TTT date? _____ Passed? Y N

☐ Inventory Control (IC) ☐ All or

☐ Vapor Monitoring (VM) ☐ All or
Site Assessment? Y N ☐ All or

☐ Ground Water Monitoring (GWM) ☐ All or
Site Assessment? (i.e. 3' < gw < 20') Y N ☐ All or

☒ Automatic Tank Gauge (ATG) ☐ All or

☒ Interstitial Monitoring (IM) ☐ All or

☐ SIR ☐ All or

☐ Deferred (Emergency Generators ONLY) ☐ All or

Tank primary RD method? _____ ☐ All or

If TOU, does tank comply with RD requirements? Y N NA ☐ All or
Amount of Product in Tank: _____ Water: _____

Are hazardous substance USTs secondarily contained?
Y N NA ☐ All or

RELEASE DETECTION - PIPING

☐ Primary RD method present for ALL piping & meets specific performance standards as stated in 280.44? ☐ NA

☒ ALLD (Pressurized Systems Only) ☐ NA (Suction) ☐ All or
Date of test: 5/1/14 ☒ ELLD or ☐ MLLD

Piping RD Primary Method?: LTT Monthly NA ☐ All or

☐ LTT Date of test: _____ ☐ All or

☒ Monthly Monitoring Method: ☒ All or
VM GWM IM SIR ELLD Sump Sensor Other _____ ☒ All or

☐ Deferred (Emergency Generators ONLY) ☐ All or

RELEASE DETECTION COMPLIANCE

Release detection systems operating properly? Y N ☐ All or

If applicable, are there monthly monitoring records (for tanks and / or piping) for the 2 most recent months and 8 of the last 12 months?
Y N ☐ All or

Of the last 12 months monitoring records, how many months were reviewed? Tanks : 12 Piping : _____

Go to page 5 to fill out the chart for each of the last 12 months.

All non-passing results resolved? Y N NA ☐ All or

If not resolved, was the implementing agency notified of a suspected release? Y N NA No release suspected ☐ All or

Date of last release detection monitoring certification: _____ Contractor: _____

If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For which equipment? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N

ATG/IM/SIR Equipment Manufacturer/Vendor: Veedor Root Model: 350 TCS

ALLD Equipment Manufacturer: _____ Model: _____

TANK #	1	2	3	4	5	6
<u>RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING</u>						
Tank & Piping Repairs						
Any repairs to the UST system(s) being conducted or completed? <div style="text-align: center;">Y <u>N</u> <input type="checkbox"/> All or</div>						
If yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: <u>Not</u> required if repaired tank is internally inspected or if monthly monitoring is in use.) Y N NA <input type="checkbox"/> All or						
Tank Lining						
<input type="checkbox"/> Are any tanks internally lined? Y N NA <input type="checkbox"/> All or						
<input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> All or						
Date of lining: _____						
Date of PASSING internal inspection: _____ <input type="checkbox"/> All or						
Cathodic Protection (Reminder: Even if the UST system(s) are FRP and/or flex, check to ensure that there are no unprotected metal connectors in the dispensers in contact with the ground on ALL UST systems.)						
<input checked="" type="checkbox"/> CP met on <u>all</u> tank(s) and piping, including metal flex connectors, swing joints, etc.? (Must answer regardless of system type.)						
<input type="checkbox"/> CP performing adequately based on testing results? --OR--						
<input type="checkbox"/> If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?						
Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA						
<input type="checkbox"/> CP on <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Tanks & Piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or						
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60-day) rectifier inspection records? <input type="checkbox"/> All or						
System On? Y N Observed amperage of _____ amps						
<input type="checkbox"/> Sacrificial Anode System <input type="checkbox"/> All or						
Cathodic Protection Testing Frequency						
<input type="checkbox"/> Was a 6-month CP test conducted after <u>installation</u> or <u>repair</u> (if applicable)?						
Test Date: _____ <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks & Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of last CP test: _____ <input type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of previous test: _____ <input type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<u>RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION</u>						
<input checked="" type="checkbox"/> Spill prevention devices present and functional? <div style="text-align: center;">Y <u>N</u> NA <input checked="" type="checkbox"/> All or</div>						
<input checked="" type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input checked="" type="checkbox"/> Ball Float Valve - Operational? <input type="checkbox"/> All or						
<input type="checkbox"/> Flow Restrictor (Auto Shutoff) - Observed? <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm - Operational & audible for delivery driver (i.e. did you sound it)? <input type="checkbox"/> All or						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						
Inspector's Signature: <u>[Signature]</u> Date: <u>5/13/15</u>						

Notes:

Anticipated date for annual leak detector test is April 27, 2015. Northwest Fuels will be performing the test. Joel Smith said Northwest Fuels cancelled their appointment in April 2015 and had to reschedule.

Informed Joel Smith to keep spill buckets free of liquids, although it has been raining for a couple days, he will alter it stops.

Walt Dea has been through a number of employees to keep monthly monitoring records for tanks & piping, so there has been some problems of keeping records.

New software installed on ATG Monitor: Vector Kart

Release Detection Records for the Last 12 Months:

C - C

Year	Month	Tank 1 / Piping 1	Tank 2 / Piping 2	Tank 3 / Piping 3	Tank 4 / Piping 4	Tank 5 / Piping 5	Tank 6 / Piping 6
2015	January	P IM	P IM	P IM	P IM		
	February	P IM	P IM	P IM	P IM		
	March	P IM	P IM	P IM	P IM		
2015	April	P IM	P IM	P IM	P IM		
2015	May	P IP	P IP	P IP	P IP		
2014	June	P IM	P IM	P IM	P IM		
	July	P IP	P IP	P IP	P IP		
	August	P IP	P IP	P IP	P IP		
	September	P IP	P IP	P IP	P IP		
	October	P IP	P IP	P IP	P IP		
	November	P IP	P IP	P IP	P IP		
2014	December	P IP	P IP	P IP	P IP		

For each tank and associated piping (if applicable), note whether the test result passed (P), failed (F) or was invalid (I). If there are results for both tanks and piping for a particular month, state both results in the same box (i.e. "T - P, P - P" for a monthly result for a tank and its piping both passing).

Summary & Conclusions:

(In addition to providing a summary on whether the facility was in compliance with financial responsibility, release detection and release prevention requirements, summarize what was said to the owner / operator regarding any deficiencies / potential violations found. Specify if any data was missing and any actions that are to be taken. State what kind of compliance assistance was given and any suggestions or recommendations that were given to the owner / operator. Finally, state whether any further action is needed, and if so, what and by whom.)

Boulind-Yeung , Charlotte

From: Wil Badonie <wbadonie@Yakama.com>
Sent: Friday, June 26, 2015 12:43 PM
To: Boulind-Yeung , Charlotte
Subject: Re: Facility rep ID

Charlotte,

Yes, I can get those names for you. I will have to retrieve some of the operators last names. It has been awhile since the inspections.

But here are a few of them.

Toppenish :

The General Store & My Brothers Place - **Mike Chandler**

Topp Stop Texaco & Topp Mart Chevron - **Norma Arias**

Western Gas - **Praveen Dewan**

Yakima Golding Farms - **Mark Secher**

Safeway Fuel Station #584 - **Tony Campos**

Pacific Pride/Road Runner - **Gary Rufener**

Wapato :

Wheeler's Kountry Corner - **Travis Widmyer** (no longer manager)

Road Runner Deli mart - **Greg Sybouts**

JSH Farms - **Bob St. Hilaré**

Wolf Den - **Joel Smith**

Harrah :

Harold's General Merchandise - **Jade Deyo**

White Swan :

White Swan Trading Post - **Shawna Young**

Mt. Adams School District #209 - **Lori Reeves**

Wil Badonie

Environmental Specialist

Tribal Underground Storage Tank (UST) Inspector

Yakama Nation Environmental Management Program (EMP)

P.O. Box 151

Toppenish, WA 98948

Phone: (509)-865-5121 ext. 6079

Email: wbadonie@yakama.com

From: Boulind-Yeung, Charlotte <Boulind-Yeung.Charlotte@epa.gov>

Sent: Friday, June 26, 2015 8:37 AM

To: Wil Badonie

Subject: Facility rep ID

Hi Wil –

I'm putting together the reporting forms (ICDS – Inspection Conclusion Data Sheet) for each of your inspections so they can be reported to EPA HQ. They can't be loaded into the system if they're missing certain information fields, one of which is the name of the facility representative with whom you conducted the inspection and to whom you showed your inspection credential. For example, I submitted the one for Da Stor this morning, and the facility rep for that one was Arlen Washines. Could you let me know the names for each one of the facilities? The rest of the forms look great, by the way!

Thanks lots!

Charlotte

Charlotte Boulind-Yeung | Underground Storage Tank Program

U.S. Environmental Protection Agency | Region 10

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For information on USTs, visit our website at www.epa.gov/r10earth/ust.htm